
COMBINED DECLARATION AND POWER OF ATTORNEY

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

STENT

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent .

PRIORITY CLAIM (35 U.S.C. Section 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

Such applications have been filed as follows.

0997477-10001

**PRIOR FOREIGN APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. SECTION 119(a)-(d)**

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 U.S.C. SECTION 119
Germany	100 50 970.3	10 October 2000	yes

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Stephen L. Grant	33390
Eryn R. Ace	44491
Alexander D. Bommarito	44036
Robert J. Clark	45835
John D. DeLong	44648
Michael H. Minns	31985
Edwin W. Oldham	22003
Scott M. Oldham	32712
Mark A. Watkins	33813

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

DIRECT TELEPHONE CALLS TO:

Stephen L. Grant
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Prof. Dr. Max Schaldach - deceased - completed on attached sheet

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■■■■■

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Dr. Curt Kranz

Inventor's signature _____

Date _____

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0947-224260

**SIGNATURE BY LEGAL REPRESENTATIVE ON BEHALF OF DECEASED
INVENTOR
(37 CFR sections 1.42 and 1.43)**

I, Dr. Max Schaldach, Jr., hereby declare that I am a citizen of Germany, residing at Wangenheimstrasse 45, D-14193 Berlin Germany, and that I am executing and signing the declaration to which this is attached as legal representative (or heirs) of:

Country of Citizenship: Prof. Dr. Max Schaldach
Germany
That, upon information and belief, I aver those facts that the inventor is required to state.

Date: _____

Signature of legal representative (or all heirs)